



FEDERAL POSTGRADUATE MEDICAL INSTITUTE
 (SHAIKH ZAYED POSTGRADUATE MEDICAL INSTITUTE)
 LAHORE-54600

Form No.

0201

Space for
Photograph

POST APPLIED FOR: _____

APPLICATION FORM (AP-01)

Personal Information

1. Name _____
 (in Block Letters) (Surname) (First) (Middle)
2. P.M.D.C. Reg. No. _____ Sex Male Female
4. Date of Birth. _____ Place of Birth _____
5. Nationality. _____ National ID. No. _____
7. Father's Name. _____ Occupation _____
8. Spouse Name. _____ Nationality _____
9. Marital Status:
 Single Married Divorced Widow
10. Children (mention name & ages)

11. Address (Indicate with an x where you wish your correspondence to be sent).
 Permanent _____ Phone _____
 Postal _____ Phone _____
12. Domicile:
 Punjab Sind-Urban Sind-Rural N.W.F.P.
 Baluchistan F.A.T.A. A.J.Kashmir

13. Govt Service: Province Federal Autonomous
 Appointment: Contract Adhoc Regular
 Public Service Commission: Provincial Federal Autonomous

14. Private Service please specify _____

Please check { } below the amount of time you have been away from the academic institution

Less than 1 Yr 1 Yr 2-5 Yrs 5-10 Yrs 10 Yrs. or more

15. Academic Qualifications

Qualification	Year Qualified	Marks Aggregate	% Aggregate	Attempt	College.
A M.B.B.S					
1st Professional					
2nd Professional					
3rd Professional					
Final Professional					

B. Postgraduate Qualifications

Diploma/Degree	Subject /Year Passed	Institution/Place	Remarks

C. Academic Honours

	Position in Univ.	Position in College	Distinction	Medals

16. Experience

Experience (Medical officer registrar/demonstrator)	Total duration (Y-M)	From / to	Subject	Institution	Name of Prof / Head of Dept
A. House Job					
B.					
C.					
D.					

17. Teaching Experience

	Total Years	Form / to	Institution	Department	Remarks
Senior Registrar					
Assistant Professor					
Associate Professor					
Professor					
Other					

18. Research Work and Papers Published

Please attach list on a separate page

19. Any physical handicap. _____

20 References:

List of the names of two individuals with knowledge of your abilities in the areas of your academic aptitude and achievement or in carrying out professional work and responsibilities.

1	Name and title	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Date _____

Signature _____

**FEDERAL POSTGRADUATE MEDICAL INSTITUTE, LAHORE
CERTIFICATE OF DEPARTMENTAL PERMISSION**

TO BE SUBMITTED BY THE CANDIDATES WHO ARE IN GOVT./SEMI GOVT. SERVICE WITH THE APPLICATION FORM DULY COMPLETED FAILING WHICH THE APPLICATION SHALL BE LIABLE TO REJECTION.

1. The following particulars should be filled in by the candidate:-

- | | | |
|----|---------------------|-------|
| a. | Name | _____ |
| b. | Father's Name | _____ |
| c. | Post held presently | _____ |
| d. | Office/Department | _____ |
| e. | Post applied for | _____ |

Dated:- _____

Signature of the Candidate

2. (This portion should be /filled in completely by the Department/Office).
Certified that the above candidate has been permitted to apply for the said post and that

- a. He/She has been employed in this Department/Office as _____
Since _____
- b. He/She holds this post in Permanent/Temporary or Adhoc capacity
- c. The Candidate's domicile as accepted by this Department/Office and recorded in
Official Record is _____ Province.
- d. There is nothing on record of this Department which may render him ineligible for
the post and that his/her record of service is satisfactory and no departmental
proceedings are pending against the candidate

Signature
Name and Designation of the
Appointing Authority or Authorised
Officer on his behalf

Dated:- _____

Note:-i. The signing authority of the above permission should please ensure that all the blank spaces meant to be filled in by the Department

ii. If a departmental candidate/employee is selected/nominated by the Selection Committee of Shaikh Zayed Postgraduate Medical Institute, Lahore, the parent Department of that candidate shall be bound to relieve him/her to join the post for which he/ she has been recommended by the Selection Committee

EXPERIENCE CERTIFICATE

Certified that, Mr./Miss/Mrs. _____
has been/is employed in this Department/Organization as _____
from _____ to _____ (dates) whole time/part time /honorary basis/contract
basis. The work of Mr/Miss/Mrs _____ while employed in this
Department/Organization is/was satisfactory. The duties/job specifications are/were as
follows:-

1. _____
2. _____
3. _____
4. _____
5. _____

Name of Issuing Authority
Designation
BPS(or Equivalent)
Office Stamp/Seal

-
- Note-1 Experience certificate must be issued under the signature of an officer at least one step higher than the post applied for. For example in case of a candidate for a post of BPS-17 the experience certificate must be issued under the signature of head of the department/an officer of BPS-18 or equivalent as the case may be.
- Note-2 In case of candidate who served/is serving in a private Firm/Organization, experience certificate must be issued under the signature of chief executive/head of private Firm/Organization.
- Note-3 Experience certificate must be issued on the official letter pad with reference/file No and date of issue and it should be duly stamped with full address. Telephone No should also be indicated failing which the experience certificate will not be acceptable.